

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 COMMITTEE NAME

Vote yes! Arlington Active Adult Senior  
Recreation Center Campaign Committee

OFFICE USE ONLY

Date Received

RECEIVED - 680  
17 JUN -2 PM 1:30

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 COMMITTEE  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

1911 NEWCASTLE  
ARLINGTON, TX 76013

5 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

SUSAN

F.

NICKNAME

LAST

SUFFIX

SAVES

6 CAMPAIGN  
TREASURER  
STREET ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

SAME AS ABOVE IN #4

7 CAMPAIGN  
TREASURER  
MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

SAME AS ABOVE IN #4

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 239-2146

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Exceeded \$500 limit

☐

July 15

☒

8th day before election

☐

Dissolution (Attach PAC-DR)

☐

Runoff

☐

10th day after campaign treasurer termination

10 PERIOD  
COVERED

Month

Day

Year

4 / 1 / 17

THROUGH

Month

Day

Year

5 / 25 / 17

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 17

ELECTION TYPE

☐ Primary

☐ Runoff

☒ Other  
Description

☐ General

☐ Special

Prop 1 - Arlington

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

12 COMMITTEE NAME Hullington Active Adult Senior Recreation Ctr Campaign 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	<p>BALLOT IDENTIFICATION / # <u>Prop #1</u> ELECTION DATE <u>5/6/17</u></p> <p>DESCRIPTION <u>PROP. TO APPROVE \$45 million for A SENIOR RECREATION CENTER</u></p>

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>120.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,770.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,729.66</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,040.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

## 16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan Eaves  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Eaves, this the 2 day of June, 20 17, to certify which, witness my hand and seal of office.

Sabrina Quintero  
Signature of officer administering oath

sabrina quintero  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME *Arlington Active Adult*  
*Note yes! Sr. Rec. Center*

18 Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 1,770

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 0

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ 0

4. ☒ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$ 2,000

5. ☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$ 0

6. ☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

\$ 0

7. ☐ SCHEDULE E: LOANS

\$ 0

8. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 2,129.66

9. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ 0

10. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

11. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ 0

12. ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$ 0

13. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 0

14. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

#1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME Vote Yes Arlington Active Adult Center  
SUSAN E. CAVES

4 Date

3/24/17

5 Full name of contributor

JAN HOUCHIN

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$20.00 CASH

6 Contributor address; City; State; Zip Code

815 VAIL DR. ARLINGTON, TX 76012

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/24/17

Full name of contributor

PEGGY MASTERS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00 check  
#9207

Contributor address; City; State; Zip Code

1705 NORTHCREST DR. ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24/17

Full name of contributor

SYLVIA ALLENBACH

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00 check  
#5263

Contributor address; City; State; Zip Code

1715 WINDSOR DR. ARLINGTON, TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24/17

Full name of contributor

CHARLIE PARKER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$290.00 for 100  
check 90 signs

Contributor address; City; State; Zip Code

101 W. ABRAM ST, ARLINGTON, TX 76010

Principal occupation / Job title (See Instructions)

Retired - City Council member

Employer (See Instructions)

AMERICAN AIRLINES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

#2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Vote Yes! Arlington Active Adult SUSAN FARRIS / SR REC. CTR		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/17	5 Full name of contributor RICHARD AND SHARON MERRILL <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 1301 KILLIAN DR. ARLINGTON, TX 76013-2501	7 Amount of contribution (\$) \$100.00 check #2225
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/24/17	Full name of contributor SUSAN FARRIS FARRIS <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1911 NEWCASTLE ST, ARLINGTON, TX 76013	Amount of contribution (\$) \$100.00 CASH
Principal occupation / Job title (See Instructions) Retired - PART-TIME RECREATION SPECIALIST		Employer (See Instructions) City of Grand Prairie, TX
Date 3/24/17	Full name of contributor KATHRYN WILKINSON <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 101 W. ABRAM, ARLINGTON, TX 76010	Amount of contribution (\$) \$290.00 check for 100 yd signs
Principal occupation / Job title (See Instructions) Retired city council member		Employer (See Instructions)
Date 3/24/17	Full name of contributor ELOA ROY <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 3704 CLARK ST, ARLINGTON, TX 76015	Amount of contribution (\$) \$290.00 PURCHASED 100 YD SIGNS WITH PAYPAL
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

#3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME Vote Yes! Arlington, Active Adult  
Sr. Rec Ctr - Susan F. Eades

3 Filer ID (Ethics Commission Filers)

4 Date

9/1/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

JEFF WILLIAMS

7 Amount of contribution (\$)

\$580 - PAID for  
200 yd signs

6 Contributor address;

City; State; Zip Code

76010

101 W. ABRAM, ARLINGTON, TX

8 Principal occupation / Job title (See Instructions)

MAYOR of Arlington, Engineer

9 Employer (See Instructions)

GRAMHAM & ASSOCIATES

Date

9/1/17

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# **MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION**

**SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 1
2 FILER NAME Vote Yes! Active Adult Senior Center Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/17	5 Corporation / Labor Organization name PAC OF PACHECO KOCH 6 Corporation / Labor Organization address; City; State; Zip Code 1557 Rambler Rd Ste 1400 DALLAS, TX 75231-2388	Amount of contribution (\$) \$500.00 check #1103
Date 4/4/17	Corporation / Labor Organization name HENDERSON ENGINEERING, INC. Corporation / Labor Organization address; City; State; Zip Code 8345 LENEXA DRIVE, SUITE 300 LENEXA, KS 66214	Amount of contribution (\$) \$500.00 check #099977
Date 4/3/17	Corporation / Labor Organization name BARKER, RINKER, SEACAT Architecture Corporation / Labor Organization address; City; State; Zip Code 3457 Ringsby Ct, Unit 200 DENVER, CO 80216	Amount of contribution (\$) \$500.00 check #16871
Date 4/12/17	Corporation / Labor Organization name WATER TECHNOLOGY INC Corporation / Labor Organization address; City; State; Zip Code 100 PARK AVENUE BEAVER DAM, WI 53916-2108	Amount of contribution (\$) \$500 ch #40128
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Vote Yes! Active Adult Senior Center Campaign		3 Filer ID (Ethics Commission Filers)	
4 Date 4/12/17		5 Payee name A.G.E. Graphics, LLC			
6 Amount (\$) \$2,030		7 Payee address; City; State; Zip Code 52231 STATE ROUTE 248 Long Bottom, OH 45743			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE 700 YARD SIGNS x \$290/100 signs		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/10/17		Payee name PRINT PLACE			
Amount (\$) \$158.50		Payee address; City; State; Zip Code 1130 AVENUE H EAST ARLINGTON, TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE 3,000 5x7" - 2 SIDED AD CARDS		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/17		Payee name OFFICE DEPOT			
Amount (\$) \$162.53		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE REAMS of COLOR COPY PAPER & HP INK CARTRIDGES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <b>NOTE YES! ARLINGTON ACTIVE ADULTS RECCTR</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>4/25/17</b>		5 Payee name <b>FACE BOOK ADS - ATTN: Community Support</b>			
6 Amount (\$) <b>\$ 331.73</b>		7 Payee address; City; State; Zip Code <b>1 HACKER WAY MENLO PARK, CA 94025</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE FB ADS TO PROMOTE Vote Yes! Prop 1</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/4/17</b>		Payee name <b>STAPLES</b>			
Amount (\$) <b>\$ 46.90</b>		Payee address; City; State; Zip Code <b>202 SOUTH MEADOWELL BLVD Petaluma, CA 94952</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>COMPUTER USAGE &amp; FAX - TREASURERS FORM &amp; FINANCIAL REPORT FORM</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name <b>PRINT PLACES</b>			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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